

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number **1:25-bk-00372**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from Schedule A/B..... \$ **0.00**
- 1b. Copy line 62, Total personal property, from Schedule A/B..... \$ **59,665.50**
- 1c. Copy line 63, Total of all property on Schedule A/B..... \$ **59,665.50**

Part 2: Summarize Your Liabilities

Your liabilities Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of Schedule D... \$ **0.00**
3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$ **0.00**
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$ **1,510,724.82**

Your total liabilities \$ **1,510,724.82**

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)
- Copy your combined monthly income from line 12 of Schedule I..... \$ **33,297.90**
5. **Schedule J: Your Expenses** (Official Form 106J)
- Copy your monthly expenses from line 22c of Schedule J..... \$ **12,112.00**

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Robert D. Hoffmaster**

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)

\$

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$

9d. Student loans. (Copy line 6f.)

\$

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+\$

9g. **Total.** Add lines 9a through 9f.

\$

Fill in this information to identify your case and this filing:

Debtor 1 **Robert D. Hoffmaster**

First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Jeep**

Model: **Wrangler**

Year: **2022**

Approximate mileage:

Other information:

Leased Vehicle - No Cash Value

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$0.00

Current value of the portion you own?

\$0.00

3.2 Make: **Jeep**

Model: **Grand Cherokee**

Year: **2011**

Approximate mileage: **240,000**

Other information:

Value per Kbb.com Trade In Value - Fair Condition - Vehicle operated by son

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,727.00

Current value of the portion you own?

\$1,727.00

Debtor 1 **Robert D. Hoffmaster**Case number (if known) **1:25-bk-00372**

3.3 Make: **Honda**
Model: **Civic**
Year: **2016**
Approximate mileage: **88,000**
Other information:

**Value per KBB.com Trade In
Fair Condition - Operated by
Son who is co-owner**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put
the amount of any secured claims on *Schedule D:
Creditors Who Have Claims Secured by Property*.

Current value of the
entire property?Current value of the
portion you own?**\$8,210.00****\$4,105.00**

3.4 Make: **Honda**
Model: **Pilot**
Year: **2017**
Approximate mileage: **52,000**
Other information:

**Value per KBB.com Trade In
Fair Condition**

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put
the amount of any secured claims on *Schedule D:
Creditors Who Have Claims Secured by Property*.

Current value of the
entire property?Current value of the
portion you own?**\$14,233.00****\$7,116.50**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
pages you have attached for Part 2. Write that number here.....=>**

\$12,948.50

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Household Goods**\$2,500.00****5 Guitars****\$600.00**

7. Electronics

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices
including cell phones, cameras, media players, games*

- ☐ No
☒ Yes. Describe.....

Apple Watch, Phone**\$400.00**

8. Collectibles of value

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections;
other collections, memorabilia, collectibles*

- ☒ No
☐ Yes. Describe.....

Debtor 1 **Robert D. Hoffmaster**

Case number (if known) **1:25-bk-00372**

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

Golf Clubs

\$600.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

Pistol, Shotgun, 4 Rifles

\$2,000.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Debtor's clothing

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Wedding Ring, Necklace

\$100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

2 dogs, 2 cats

\$15.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,415.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes.....

Institution name:

17.1. Checking	Orrstown Bank Account	\$3,100.00
17.2. Checking	Truist Bank Account - Balance Seized by Bank	\$0.00
17.3. Savings	Clearview FCU Account	\$62.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No☒ Yes.....

Institution or issuer name:

Charles Schwab Investment Account	\$734.00
Venmo Account with Cryptocurrency - Bitcoin	\$306.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Hoffmaster Dental P.C. - business closed as of July 2023 - Defunct - no remaining assets	100	%	\$0.00
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Hoffmaster Holdings - Defunct as of bank sale of business real property in April 2024	100	%	\$0.00
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20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)	Retirement account through employer	\$36,000.00
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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c).

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

**Term life policy through US Army - no
surrender value**

Spouse**\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

Debtor 1 **Robert D. Hoffmaster**Case number (if known) **1:25-bk-00372****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$40,302.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$12,948.50	
57. Part 3: Total personal and household items, line 15	\$6,415.00	
58. Part 4: Total financial assets, line 36	\$40,302.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$59,665.50	Copy personal property total \$59,665.50
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$59,665.50

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number **1:25-bk-00372**
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2011 Jeep Grand Cherokee 240,000 miles Value per Kbb.com Trade In Value - Fair Condition - Vehicle operated by son Line from <i>Schedule A/B</i> : 3.2	\$1,727.00	<input checked="" type="checkbox"/> \$1,727.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2016 Honda Civic 88,000 miles Value per KBB.com Trade In Fair Condition - Operated by Son who is co-owner Line from <i>Schedule A/B</i> : 3.3	\$4,105.00	<input checked="" type="checkbox"/> \$4,105.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2017 Honda Pilot 52,000 miles Value per KBB.com Trade In Fair Condition Line from <i>Schedule A/B</i> : 3.4	\$7,116.50	<input checked="" type="checkbox"/> \$4,450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2017 Honda Pilot 52,000 miles Value per KBB.com Trade In Fair Condition Line from <i>Schedule A/B</i> : 3.4	\$7,116.50	<input checked="" type="checkbox"/> \$2,666.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Robert D. Hoffmaster**Case number (if known) **1:25-bk-00372**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Household Goods Line from Schedule A/B: 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
5 Guitars Line from Schedule A/B: 6.2	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Apple Watch, Phone Line from Schedule A/B: 7.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Golf Clubs Line from Schedule A/B: 9.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Pistol, Shotgun, 4 Rifles Line from Schedule A/B: 10.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Debtor's clothing Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Wedding Ring, Necklace Line from Schedule A/B: 12.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
2 dogs, 2 cats Line from Schedule A/B: 13.1	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Cash Line from Schedule A/B: 16.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Orrstown Bank Account Line from Schedule A/B: 17.1	\$3,100.00	<input checked="" type="checkbox"/> \$3,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Clearview FCU Account Line from Schedule A/B: 17.3	\$62.00	<input checked="" type="checkbox"/> \$62.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Robert D. Hoffmaster**Case number (if known) **1:25-bk-00372**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Charles Schwab Investment Account Line from Schedule A/B: 18.1	\$734.00	<input checked="" type="checkbox"/> \$734.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Venmo Account with Cryptocurrency - Bitcoin Line from Schedule A/B: 18.2	\$306.00	<input checked="" type="checkbox"/> \$306.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
401(k): Retirement account through employer Line from Schedule A/B: 21.1	\$36,000.00	<input checked="" type="checkbox"/> \$36,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)

3. **Are you claiming a homestead exemption of more than \$189,050?**
(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1

Robert D. Hoffmaster

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF PENNSYLVANIA

Case number

1:25-bk-00372

(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☐ Yes. Fill in all of the information below.

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**

First Name

Middle Name

Last Name

Debtor 2

(Spouse if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**

(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

AAMS

Nonpriority Creditor's Name

**Attn: Bankruptcy
4800 Mills Civic Parkway, Ste 202
West Des Moines, IA 50265**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9300**

\$39,057.00

When was the debt incurred? **Opened 10/24/23**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **12 Bhg Financial**

Debtor 1 **Robert D. Hoffmaster**

Case number (if known)

1:25-bk-00372

4.2

AAMS

Nonpriority Creditor's Name

Attn: Bankruptcy**4800 Mills Civic Parkway, Ste 202****West Des Moines, IA 50265**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8441****\$36,427.00**When was the debt incurred? **Opened 10/24/23**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **12 Bhg Financial**

4.3

American Express

Nonpriority Creditor's Name

P.O. Box 1270**Newark, NJ 07101**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1009****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business Credit Card - Potential Personal Obligation of Hoffmaster Dental, P.C.**

4.4

Amex

Nonpriority Creditor's Name

Correspondence/Bankruptcy**Po Box 981535****El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1183****\$18,085.00**When was the debt incurred? **Opened 10/02 Last Active 1/17/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

4.5

Bank of America

Nonpriority Creditor's Name

Attn: Bankruptcy**4909 Savarese Circle****Tampa, FL 33634**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3839****\$5.00**

When was the debt incurred?

Opened 01/98 Last Active**01/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

4.6

Capital One

Nonpriority Creditor's Name

PO Box 71087**Opened 01/17 Last Active 12/23****Charlotte, NC 28272-1087**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0474****\$22,191.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business Credit card - Potential Personal Obligation of Hoffmaster Dental, P.C.**

4.7

Chase Bank

Nonpriority Creditor's Name

Cardmember Services**P.O. Box 1423****Charlotte, NC 28201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3666****\$18,605.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business Credit Card - Potential Personal Obligation of Hoffmaster Dental, P.C.**

4.8**Citibank/Sears**

Nonpriority Creditor's Name

**Citicorp Cr Srvs/Centralized
Bankruptcy****Po Box 790040****St Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community
debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3467****\$17,734.00****Opened 03/98 Last Active**When was the debt incurred? **02/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card****4.9****Discover Financial**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 3025****New Albany, OH 43054**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community
debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4791****\$25,069.00****Opened 10/14 Last Active**When was the debt incurred? **1/12/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card****4.10****Headway Capital**

Nonpriority Creditor's Name

175 W Jackson Blvd Suite 1000**Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community
debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6396****\$35,741.00****Opened 3/21/19 Last Active**When was the debt incurred? **10/02/23**

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster
Dental, P.C.**

4.1
1**Jpmcb**

Nonpriority Creditor's Name

MailCode LA4-7100**700 Kansas Lane****Monroe, LA 71203**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3666****\$22,548.00**When was the debt incurred? **Opened 02/18 Last Active 08/23**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1
2**Nelnet**

Nonpriority Creditor's Name

Attn: Claims**Po Box 82505****Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0389****\$246,718.00**When was the debt incurred? **Opened 05/06 Last Active 1/28/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Educational**4.1
3**Nelnet**

Nonpriority Creditor's Name

Attn: Claims**Po Box 82505****Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0289****\$104,279.00**When was the debt incurred? **Opened 05/06 Last Active 1/28/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Educational**

4.1
4**Patterson Dental Supply Inc.**

Nonpriority Creditor's Name

**1031 Mendota Heights Road
Saint Paul, MN 55120**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1087****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **UCC - Potential Personal Obligation of Hoffmaster Dental, P.C.**4.1
5**Pinnacle Bank**

Nonpriority Creditor's Name

**150 3rd Ave South
Nashville, TN 37201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9668****\$24,006.00**When was the debt incurred? **Opened 12/14 Last Active 12/18/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1
6**Small Business Administration**

Nonpriority Creditor's Name

**Office of General Counsel
409 3rd Street, SW
Washington, DC 20416**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8107****\$500,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster Dental, P.C.**

4.1
7**TD Bank, N.A.**

Nonpriority Creditor's Name

**1900 Market Street
Philadelphia, PA 19103**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$53,073.87

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster Dental, P.C.**4.1
8**Tennessee State Bank**

Nonpriority Creditor's Name

**2210 Parkway
Pigeon Forge, TN 37863**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0532**

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **UCC - Potential Personal Obligation of Hoffmaster Dental, P.C. and Hoffmaster Holdings, LLC**4.1
9**Truist Bank**

Nonpriority Creditor's Name

**PO Box 2306
Wilson, NC 27894**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **ote1**

\$323,765.65

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster Dental, P.C. and Hoffmaster Holdings, LLC**

4.2
0**Truist Bank**

Nonpriority Creditor's Name

PO Box 2306**Wilson, NC 27894**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **ote2****\$23,420.30**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster Dental, P.C. and Hoffmaster Holdings, LLC**4.2
1**Truist Bank**

Nonpriority Creditor's Name

PO Box 2306**Wilson, NC 27894**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **ote3****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Potential Personal Obligation of Hoffmaster Dental, P.C. and Hoffmaster Holdings, LLC**4.2
2**Truist Bank**

Nonpriority Creditor's Name

PO Box 2306**Wilson, NC 27894**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1337****Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **UCC - Potential Personal Obligation of Hoffmaster Dental, P.C. and Hoffmaster Holdings, LLC****Part 3: List Others to Be Notified About a Debt That You Already Listed**

Debtor 1 **Robert D. Hoffmaster**

Case number (if known)

1:25-bk-00372

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Berger Law Group, PC
Attn: Phillip Berger, Esq.
919 Connestoga Rd., Bldg 3, Ste 114
Bryn Mawr, PA 19010

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Rosenberg Martin Greenberg, LLP
Attn: Joshua Bradley, Esquire
25 S. Charles Street, Ste 2115
Baltimore, MD 21201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Rosenberg Martin Greenberg, LLP
Attn: Joshua Bradley, Esquire
25 S. Charles Street, Ste 2115
Baltimore, MD 21201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Rosenberg Martin Greenberg, LLP
Attn: Joshua Bradley, Esquire
25 S. Charles Street, Ste 2115
Baltimore, MD 21201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Small Business Administration
660 American Avenue, Suite 301
King of Prussia, PA 19406

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
		Total Claim	
Total claims	6f. Student loans	6f. \$	350,997.00

Debtor 1 **Robert D. Hoffmaster**

Case number (if known)

1:25-bk-00372

from Part 2

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
6h. **Debts to pension or profit-sharing plans, and other similar debts**
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**
6h. \$ **0.00**
6i. \$ **1,159,727.82**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **1,510,724.82**

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**

First Name

Middle Name

Last Name

Debtor 2

(Spouse if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**

(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 **Us Bank Na Retail Le**
Attn: Bankruptcy
800 Nicollet Mall
Minneapolis, MN 55402

Opened Opened 06/22 Last Active 1/31/25
Lease
Payments to continue without reaffirmation

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
American Express

3.2 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
Capital One

3.3 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
Chase Bank

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.4 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.10**
☐ Schedule G _____
Headway Capital

3.5 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
Patterson Dental Supply Inc.

3.6 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
Small Business Administration

3.7 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
TD Bank, N.A

3.8 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.18**
☐ Schedule G _____
Tennessee State Bank

3.9 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.19**
☐ Schedule G _____
Truist Bank

3.10 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
Truist Bank

3.11 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
Truist Bank

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.12 **Hoffmaster Dental, P.C.**
1595 E Market St York
York, PA 17403
Defunct Business

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
Truist Bank

3.13 **Hoffmaster Holdings LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.19**
☐ Schedule G _____
Truist Bank

3.14 **Hoffmaster Holdings LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
Truist Bank

3.15 **Hoffmaster Holdings LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
Truist Bank

3.16 **Hoffmaster Holdings LLC**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
Truist Bank

3.17 **Tracia L. Hoffmaster**

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
TD Bank, N.A

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Dentist

Smile Brands

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Director of IT

Wellspar

How long employed there?

Since April 2023

Since 2013

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 23,388.39	\$ 19,250.52
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 23,388.39	\$ 19,250.52

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here		
4.	\$ 23,388.39	\$ 19,250.52
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 6,933.81	\$ 4,941.22
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00
5e. Insurance	\$ 62.70	\$ 967.20
5f. Domestic support obligations	\$ 0.00	\$ 0.00
5g. Union dues	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: Legal	\$ 0.00	\$ 15.24
Charitable Contribution through employer	\$ 0.00	\$ 11.67
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 6,996.51	\$ 5,935.33
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 16,391.88	\$ 13,315.19
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00
8b. Interest and dividends	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	\$ 0.00	\$ 0.00
8e. Social Security	\$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ 0.00	\$ 0.00
8g. Pension or retirement income	\$ 0.00	\$ 0.00
8h. Other monthly income. Specify: 2023 Tax Refund	\$ 3,590.83	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 3,590.83	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 19,982.71	\$ 13,315.19
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		\$ 33,297.90
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00372**
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Stepson

23

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,390.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 30.00

4d. Homeowner's association or condominium dues

4d. \$ 37.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert D. Hoffmaster**

Case number (if known)

1:25-bk-00372

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	583.00
6b. Water, sewer, garbage collection	6b. \$	174.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	405.00
6d. Other. Specify:	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	1,300.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	200.00
10. Personal care products and services	10. \$	200.00
11. Medical and dental expenses	11. \$	250.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	450.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
14. Charitable contributions and religious donations	14. \$	100.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	195.00
15d. Other insurance. Specify: Malpractice Insurance	15d. \$	150.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	589.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify:	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: Licensure	21. +\$	16.00
DEA License	+\$	25.00
Continuing Education & Academy Membership	+\$	135.00
Security System	+\$	46.00
Lawn Maintenance	+\$	355.00
Streaming Services/Online Subscriptions	+\$	169.00
Pet Expenses and Veterinary Care	+\$	200.00
Spouse's Ongoing Debt Payments	+\$	420.00
Spouse's Support for Children's College	+\$	2,000.00
Spouse's Student loan payments	+\$	693.00
Spouse's Country Club Membership	+\$	800.00
Spouse's 529 Contribution to Granddaughter	+\$	100.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	12,112.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	12,112.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	33,297.90
23b. Copy your monthly expenses from line 22c above.	23b. -\$	12,112.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	21,185.90

Debtor 1 **Robert D. Hoffmaster**

Case number (if known) **1:25-bk-00372**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 **Robert D. Hoffmaster**

First Name Middle Name Last Name

Debtor 2

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number **1:25-bk-00372**

(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robert D. Hoffmaster

Robert D. Hoffmaster

Signature of Debtor 1

X

Signature of Debtor 2

Date **April 23, 2025**

Date